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ABSTRACT

Inadequate preparation for parenting during the prenatal period, and the inability to provide adequate parenting have been cited as major reasons for a myriad of problems experienced by parents. This study examined support and education programs based on the aggregate 7-year experience of over 75 support and education programs funded by the Michigan Children's Trust Fund. This agency provided funding for a variety of local and statewide child abuse and neglect prevention efforts. The programs fell into the following three categories: neighborhood-based family resource centers; pregnancy/newborn programs; and parenting skills training and support groups. The focus of this investigation was on a number of the conceptual issues relating to the design, implementation, and evaluation of support and education programs. The following guidelines have been suggested for effective support and education programs which extend from a prevention framework. Programs should: (1) utilize an ecological approach to promoting human development; (2) be community-based and sensitive to local needs and resources; (3) provide social support services in three domains: information, emotional and appraisal support, and instrumental assistance; (4) emphasize primary and secondary prevention of various child and family dysfunctions; (5) develop innovative and multilateral approaches to service delivery; (6) underscore the interdependent relationship between family and community while reinforcing and respecting the family's role and prerogatives; and (7) emphasize the promotion of competence or "person-environment fit." (LLL)

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A Conceptual Re-examination of Support and Education Programs

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Introduction

Inadequate preparation for parenting during the prenatal period and the inability to provide adequate parenting has been cited as major reasons for a myriad of problems experienced by parents. These problems have included infant mortality and low birth weight (Monkus & Bancalari, 1981), failure to thrive (Ayoub & Milner, 1985), child abuse and neglect (Helfer, 1982), and other general parenting inadequacies (Snyder, Eyres, & Barnard, 1979).

In an effort to help parents with their parenting abilities, support and education programs have been developed in a number of communities throughout the United States. These programs include several different models by which services to families are offered. However, all support and education programs are grounded in research on the dynamics of the parent-child relationship in the period during and immediately following birth and the subsequent parenting years. In general, these programs attempt to build on parents' desires to do the best for their children by building strong families in supportive communities (National Committee for Prevention of Child Abuse, 1986; Weiss & Jacobs, 1988).

The purpose of this paper is to examine several "grassroots" programs on a variety of dimensions thought to be representative of effective programming. The overriding thesis is that support and education programs, particularly those at the grassroots level need to be conceptualized along multiple dimensions. In addition,

program designers and service providers need to be aware of the limitations inherent in the levels at which they choose to intervene. Within this context it is acknowledged that such interventions are faced with several practical implementation issues that are difficult, and in some instances, appear to be impossible to overcome.

The programs under examination in this paper are based on the aggregate seven-year experience of over 75 support and education programs funded by the Michigan Children's Trust Fund (Brookins, 1991). This agency provided funding for a variety of local and statewide child abuse and neglect prevention efforts ranging from "Neighborhood Based Family Resource Centers" to "School Age Child Care (Latchkey)" programs. Although much of the funding of these programs was based on the prevention of child abuse, the programmatic models have been shown to be popular among a variety of agencies and targeted toward many different social problems (Weiss & Jacobs, 1988).

The focus of this investigation is on a number of the conceptual issues relating to the design, implementation, and evaluation of support and education programs. Although implementation and evaluation issues are intricately tied to the outcomes of such programs, program efficacy will be reserved for another time.

Program Descriptions

The support and education programs funded by the Michigan Children's Trust Fund fall into the following three categories:

Category 1: Neighborhood Based Family Resource Centers. These programs are typically located in communities defined by specific geographic, ethnic, or socioeconomic boundaries. They provide comprehensive services to families including one-on-one support, respite and child care, and parent education. A few programs offer education and job training, transportation, and opportunities for parents to become involved in recreational and other community activities.

Category 2: Pregnancy/Newborn Programs. These "parent aide" or "infant intervention and support" programs provide one-on-one support to first-time parents, usually mothers, through either a professional or trained paraprofessional women. The typical program provides services to mothers beginning in the prenatal period and extending through the first year of the baby's life. Some programs begin services with families upon the birth of the baby and a few provide services past the first year. Parent aides are typically paraprofessional community volunteers who provide social support, parent education, child care and child development information, concrete support (e.g., transportation, babysitting, etc.) and informal counseling. Ideally, the role of the parent aide is to become a non-threatening, community support person and "friend" for the new mother.

Category 3: Parenting Skills Training and Support Groups. Programs under this category provide group-based parent education and/or parent support services to families with infants and toddlers through high school aged children. Tested and proven

service delivery models are used including the "Parent Nurturing Program" by Steven Bavolek, "Systematic Training for Effective Parenting" (STEP), and the "Positive Parenting" program. These models currently represent the state-of-the-art in the parenting support and education arena.

Defining Characteristics

The framework for assessing these support and education programs is based on a compilation of conceptual and structural guidelines outlined by Weiss and Jacobs (1988) and Bond and Wagner (1988). The following guidelines have been suggested for effective support and education programs which extend from a prevention framework:

Guideline #1:. *They demonstrate an ecological approach to promoting human development. Programs should foster child and adult growth by enhancing both the family's child-rearing capacities and the community context in which childrearing takes place. Such a multisystem and multilevel approach must take into account human development in relationship to the child, parent, parent-child interaction, family functioning, and informal and formal supports.*

Most of the programs under consideration focused on one or two of these ecological levels. The primary and direct focus of services tended to be on the parent, usually the mother. Educational and support services were directed toward her with the expectation of indirectly effecting the child(ren) and/or the family. Programs directly targeting the child were rare although

a few programs did offer components which provided instructional activities to children in the areas of social competency development and academic instruction.

A limited number of the programs under consideration directly targeted the family or the community context in which family growth took place. Formal and informal support was typically provided through group education and one-on-one relationships. These efforts offered support through personal or small group contacts but did not take advantage of the resources available with the existing human service community. For example, group support and recreational activities related to parenting issues were common and usually involved the mother's peers. However, very few of the programs directed their activities at either the natural support systems in the community (e.g., family, church, etc) nor the institutional systems with which the parent interacted (e.g., schools, public welfare agencies, local political system, etc.).

Overall, most programs directed their services to the mother with hopes of indirectly effecting the other aspects of her immediate ecological environment, the most important being the child. The beneficial effects of such programming on the child and the parent's child care skills is encouraging (Badger, 1981; Daro, 1988; Olds, Chamberlain, & Tatlebaum, 1986), however, the effects on the family and the related community is unknown at this time. More comprehensive models of service delivery are greatly needed if support and education programs are expected to be

success in these other areas. This is particularly important given the fact that activities which effectively address all aspects of a family's life will be the most likely to be maintained over the long run (Bond & Wagner, 1988; Weiss & Jacobs, 1988).

Guideline #2: *They are community-based and sensitive to local needs and resources*. Most of the programs under consideration tended to be community-based in that they originated out of local not-for-profit community organizations. The Michigan Children's Trust Fund has a designated local council structure within most of the counties in the state. Through this structure limited funding is provided to local organizations composed of volunteer members from each of the major human service agencies of the community (i.e., law enforcement, social services, local government, parents, education, etc.). This structure has been effective in identifying the needs within local communities, encouraging and soliciting resources to address those needs, and providing technical assistance for funded programs.

However, adequately addressing those needs is additionally related to the nature of the agency implementing the program and its overall relationship to the community's development. In other words, the sensitivity to local needs goes beyond understanding what those needs may be and into the realm of understanding how those needs may be addressed within a particular community context. Evidence suggests that such programs have the best chance of succeeding if they are located within the community,

utilize community resources with regards to staffing, agency and community affiliations, and maintain a focus on community development as opposed to individual development. While these requirements may appear to be apparent and in most instances encouraged by the funding agency, in practice, most of the programs identified in this paper remained client-centered. That is, they judged their success solely on the program's impact on individual parents, and to a lesser extent, their family.

Guideline #3: *Programs should provide social support services in three domains: information, emotional and appraisal support, and instrumental assistance*. Most Programs tended to do very well in providing information/training and emotional/appraisal support. The provision of instrumental assistance was much less consistent and limited to child and respite care, referrals, transportation, and clothing distribution. Instrumental assistance rarely took the form of advocacy or activism in helping individuals or groups obtain the services or resources that they needed nor did many service providers address or challenge the economic and/or political realities that individuals and groups encountered.

This was particularly true with regards to low-income and ethnic minority groups. An abundance of evidence has demonstrated the oppressive and debilitating impact on families of a variety of conditions which exist within these communities (????, 19??). Among these conditions are discrimination, poor institutional support systems, and lack of employment opportunities. At minimum, acknowledgement on the part of service providers of the

existence of these conditions and their causes is a prerequisite to the design of services. Ideally, support systems and strategies to alleviate some of these "community" problems must be incorporated into the intervention models, even if only individual change is expected.

Guideline #4: *Programs should emphasize primary and secondary prevention of various child and family dysfunctions. In general, primary prevention refers to interventions aimed at entire populations while secondary prevention targets services to "high-risk" populations.* In most of the cases reported in this analysis the distinction between primary and secondary prevention was blurred. For example, a family resource center which had an open enrollment policy was strategically located in a "high-risk" neighborhood. Moreover, most of the prevention programs were operated by agencies that traditionally offered secondary and tertiary (i.e, treatment) prevention services. This appeared to cause many of the agencies difficulty in the recruitment of and engagement of participants in services. Apparently, potential clientele were discouraged from participating if the services were perceived to be either "treatment" and/or "targeted" toward their population. In too many instances programs either failed, or at best, were less successful because they were either too intertwined with treatment programs or were "swallowed up" by such programs. The concept of prevention in the context of support and education programs must be embedded in the context of ***family and community nurturance and support*** or programs run the risk of

discouraging individuals who do not perceive of themselves as "potential problems."

Guideline #5: *Programs should develop innovative and multilateral approaches to service delivery through such means as peer support, creative use of volunteers and paraprofessionals, and the promotion of informal networks*. Despite the lack of research on the effectiveness of various models of service delivery, most programs were very innovative in their attempts to match a variety of different services to the particular needs and available resources within their communities. The conceptual design of most programs usually incorporated many of these approaches at the various levels mentioned above. However, limited resources, limited expertise, and practical constraints tended to limit the agencies' ability to implement such services.

Guideline #6: *They underscore the interdependent relationship between family and community while reinforcing and respecting the family's role and prerogatives*. As mentioned above, most of the programs had the "mother and baby/child(ren)" as their primary focus although efforts to address the needs of the father and other family members was frequently addressed. Programs focusing on support and education for parents were perceived to be, and in fact were, exclusively targeted toward the mother and her parenting issues. In most cases, the mother was the most accessible and motivated to participate in services. As with the other aspects of services, these components were better integrated and implemented in some programs than others. As a result, there

remains a need to emphasize services to the entire family system.

In addition, not much direct attention was given to the relationship between the family and the community. Just as the family system tended to be neglected, so much more so was the family's relationship to the community. Unfortunately, getting families involved in community activities, organizations, and issues, as well as securing employment and schooling was generally less of a focus for service providers and, in many cases, not considered part of the agency's "role."

Guideline #7: *Programs should emphasize the promotion of competence or "person-environment fit" by (a) modifying the environment in order to reduce or eliminate stressful agents, and (b) enhancing the competence of individuals so that they can deal more effectively with stressful agents. The promotion of competence should focus on providing component skills rather than supplying "answers." Participants should develop strategies for adaptively responding to the changing demands of their environments, as well as for creating and restructuring conditions so as to make them conducive to their own well-being and that of the many systems of which they are a part. This also relates to the empowerment of individuals and groups with the goal of developing their capacity to deal with problems of living and providing opportunities for growth without continued reliance on professional or even paraprofessional assistance.*

For most of the programs under consideration, competence was promoted through method (b) above by attempting to provide

participants with the skills to more effectively cope with life's events. Competence was usually conceptualized as the developing of "personal resources" aimed at alleviating "personal problems." Rarely was competence operationalized as developing the organizational, political, and/or social change skills and strategies which would help individuals or groups change particular oppressive or debilitating situations. For example, poor housing, health care, safe neighborhoods, employment, and obtaining good child care and education was typically not seen as appropriate areas for which human service personnel should become involved.

Summary

To summarize, the actual conceptualization and implementation of support and education programs in the cases outlined in this paper is a veritable "mixed bag." While most programs were conceptually sound in providing services to individuals, primarily mothers, and the services were designed and implemented by sincere and knowledgeable individuals, there continues to be a need for improvement in the following areas:

1. Programs have typically focused their efforts on services to the mother while being much less successful in providing direct services to the child or family. More information is needed on particular service delivery models which can directly incorporate all three groups.

2. Although most programs are community-based there remains a need to address the service provider's relationship to the

community and how the program additionally effects "community" development and its relationship to individual development.

3. A greater focus on primary prevention services embedded in the context of family/community nurturance and growth will contribute to program effectiveness, implementation, and the engagement of participants. The success of interventions will be threatened if they are not designed and in fact implemented as separate from traditional treatment services. This will require that programs move away from secondary and tertiary prevention efforts related to both their parent support and education activities, and to an even greater extent, their overall agency focus.

4. Much more programmatic effort needs to be given to families relationship to the community in the form of involvement in community activities, organizations, and social/economic issues.

5. Social support is rarely provided to advocate for or assist individuals or groups in obtaining the needed resources to challenge the oppressive and debilitating situations they face. This is particularly true within low-income and/or ethnic minority communities. In effect, there is need for a greater emphasis on the "empowerment" of individuals and groups that will allow them to address those issues not generally thought to be in the domain of human service workers.

Finally, the problems inherent in the realities of implementing community-based programs is readily acknowledged. Many political, economic, and human resource constraints limit our

present ability to provide comprehensive and innovative programming and services to communities. The model of effective programming outlined in this paper may in many instances and to many people be idealistic and unreachable given present circumstances. It is also recognized that single interventions, individuals, or groups cannot possibly attend to the multiple systemic levels at which interventions are needed. However, awareness of the needs at these different levels should, at the least, present the intervener with a realistic understanding of the potential effects of their particular program on the overall developmental needs of communities and individuals. In addition, a comprehensive model that represents the ideal situation should be the goal toward which most programs and communities strive to achieve.

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